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CONFIRMATION NO. 1714

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.						
10/085,239	02/27/2002 RULE	514	1629	42033-505N01US						
APPLICANTS Simon Ward, Sheffield S. Yorks, UNITED KINGDOM; Claes Bavik, Sheffield S. Yorks, UNITED KINGDOM; Michael Cork, Sheffield S. Yorks, UNITED KINGDOM; Rachid Tazi-Aahini, Sheffield S. Yorks, UNITED KINGDOM;										
** CONTINUING DATA ***** This application is a CIP of PCT/GB01/03694 08/17/2001										
** FOREIGN APPLICATIONS ***** UNITED KINGDOM 0020351.3 08/17/2000										
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 04/10/2002										
Drawings filed 27Feb02 are acceptable										
<table border="1"> <tr> <td> Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /LESUE A ROYDS Acknowledged DRAPER/ Examiner's signature </td> <td> <input type="checkbox"/> Met after Allowance Initials </td> <td> STATE OR COUNTRY UNITED KINGDOM </td> <td> SHEETS DRAWINGS 11 </td> <td> TOTAL CLAIMS 39 </td> <td> INDEPENDENT CLAIMS 8 </td> </tr> </table>					Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /LESUE A ROYDS Acknowledged DRAPER/ Examiner's signature	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWINGS 11	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 8
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ADDRESS MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C ONE FINANCIAL CENTER BOSTON, MA 02111 UNITED STATES										
TITLE TREATMENT OF HYPERPROLIFERATIVE DISEASES										
FILING FEE RECEIVED 921	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit						